

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>08/16/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>ECN</i>	<i>11</i>	<i>8/19/00</i>
FORMALITY REVIEW	<i>RT</i>	<i>515</i>	<i>82-29-00</i>
RESPONSE FORMALITY REVIEW	<i>LH</i>	<i>60105</i>	<i>3-1-01</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
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Best Available Copy

If more than 150 claims or 10 actions
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